TEST # 11

TYPE OF ACCT:

Taxpayers Occupation:

FORMS INCLUDED: 1040A, FORM W2 (2), IDAHO FORM 43, 39NR FORM 1040A Form 1040 First, Initial and Last Name: JOE A DEER Social Security Number: 400-00-5911 Spouses Name: Jessie P Deer Social Security Number: 400-00-5926 Home address: 123 BEAUTIFUL ST City, state and zip: CALDWELL ID 83607 Do you want \$1 to go to presidential campaign fund: Filing status: MARRIED FILING JOINT Dependent: #1 Name: JESSICA LEE Social security number: 400-55-3012 Relationship: **DAUGHTER** No. of months: 12 Qualifying child for Tax Credit: YES Dependent: #2 Name TAMMY TX Social security number: 400-55-4012 Relationship: **FOSTERCHILD** No. of months: 12 Qualifying child for Tax Credit: YES Dependent: #3 Name: SAMMY DEER Social security number: 400-55-5012 Relationship: SON No. of months: 12 Qualifying child for Tax Credit: YES Number of boxes checked on 6a: 2 Number of children living with you: 3 Total number of exemptions: 5 Total wages: Line 7 41200 Line 15 Total income: 41200 Line 21 adjusted gross income: 41200 70 **OVERPAID:** REFUND: 70 DIRECT DEPOSIT: NAME: FIRST SAVINGS BANK RTN: 324172630

ACCT#:

Military

00001234567891011

CHECKING

FORM W2 (1)

b.	employers identifications number:	38-9391949
c.	employers name, address and zip:	US NAVY
		21 APPEAL ST
		KANATA ONTARIO K2K-1X3
d.	employees social security number:	400-00-5911
e.	employees name:	JOE A DEER
f.	employees address and zip:	123 BEAUTIFUL ST
		CALDWELL ID 83607
Box 1	Wages, tips etc:	21200
Box 2	Federal Income tax withheld:	2240
Box 3	Social security wages:	22700
Box 4	Social security tax withheld:	1407
Box 5	Medicare wages and tips:	22700
Box 6	Medicare tax withheld:	329
Box 9	Advance EIC payment:	412
Box 13	See instructions:	D 1500
Box 15	Deferred compensation:	YES
Box 16	State and ID number:	ID 382461
Box 17	State wages:	21200
Box 18	State income tax withheld:	0

Form W-2 (2)

b.	employers identification number	12-3456789
c.	employers name, address	DFAS
		126 W Main St
		Denver CO
d.	employees SSN:	400-00-5926
e.	employees Name:	Jessie P Deer
f.	employees address:	123 Beautiful St
		Caldwell ID 83607
1.	Wages	20000
2.	Federal Income Tax Withheld:	2400
3.	Social Security wages:	20000
4.	Social Security withheld:	1200
5.	Medicare wages and tips:	20000
6.	Medicare tax withheld:	320
Box 13	See instructions:	D 1400
Box 15	State and ID number:	OR 001234569
Box 16	State wages:	20000
Box 18	State income tax withheld:	900

F 43

$_{\mathbb{R}}$ Idaho part-year resident & nonresident income tax return 2007

ı	<u>M</u> EFO00091 6-15-07∨8		-				
	AMENDED RETURN, check the box. State U	Ise Only					
	See instructions, page 12 for the reasons						
	for any and the providence than a countries.				Social Security Number (required)		
For	calendar year 2007, or fiscal year beginning	, en	ding				
	Your first name and initial Last name						
OR				Spouse's So	cial Security Number (required)		
PLEASE PRINTOR TYPE	Spouse's first name and initial Last name			Spouse s do	oral decarity (required)		
E PRI TYPE							
<u>~</u> ≻	Mailing address				eased		
Ε¥S	in 2007						
7	City, state, and Zip Code			Spouse decea	ased		
				in 2007			
If yo	u or your spouse are nonresident aliens for federal purpose	es, check he	re. 🔲 Do you	need tax forms mailed to you nex	t year? • Yes • No		
Resi	dency status Resident Idah	o Resident on A	active Military Duty	Nonresident Part-Year Re	sident Military Nonresident		
	k one for yourself 1. Yourself	2 • 🗔		3 • □ 4 • □	5 • 🔲		
	int return.	- □			J • 🗌		
Full	months in Idaho this year • Yourself • Spous	e I	Indicate current	state of residence. • Yours	elf spouse		
				Election campaign fund I wa			
	g status If filing married joint or separate return, enter spouse's name and Social Security number above. 6. Exemptions E claimed on federal cla			the Idaho Election Campaign Fu			
1.	Single a. Yourself	If pare	ents, or someone	7. Yourself 8. Spouse	7. Yourself 8. Spouse		
2.	Married filing joint return b. Spouse	else,	can claim you (or spouse) as	Constitution	United •		
3.	Married filing separate return C. Other dep	■ deper	ndents, enter "0."	Democratic •	No Specific		
4.	Head of household d. Total exer				. —		
5.	Qualifying widow(er)	приопъ		Libertarian -	None		
	Must match federal return			Republican			
	IDAHO INCOME. See instructions, page 13.				Idaho Amounts		
HERE	9. Wages, salaries, tips, etc. Attach Form(s) W-2			- <u> </u>	9 00		
포	10. Taxable interest income			<u>1</u>	00		
F	11. Dividend income			<u>1</u>	1 00		
ME	12. Alimony received			<u>1</u>	2 00		
ΑY	13. Business income or (loss). Attach federal Schedule C or C-EZ				3 00		
Ŧ	14. Capital gain or (loss). If required, attach federal Schedule D				4 00		
ATTACH PAYMENT	15. Other gains or (losses). Attach federal Form 4797			1	5 00		
Ė	16. IRA distributions (taxable amount)			1	6 00		
_	17. Pensions and annuities (taxable amount)				7 00		
ш	18. Rents, royalties, partnerships, S corporations, trusts,	etc. Attach	n federal Schedu	lle E <u>1</u>	8 00		
ER	19. Farm income or (loss). Attach federal Schedule F				9 00		
H	20. Unemployment compensation				00		
Ë	21. Other income. Attach explanation				1 00		
COPIES	22. TOTAL INCOME. Add lines 9 through 21				2 00		
	IDAHO ADJUSTMENTS. See instructions, page 14.						
W-2	23. Deductions for IRAs and health savings account				3 00		
1	24. Moving expenses. Attach federal Form 3903				4 00		
STATE	25. Deductions for self-employment tax, health insurance, and qualified retirement plans				5 00		
Ŧ	26. Penalty on early withdrawal of savings				6 00		
АТТАСН	27. Other deductions. See instructions				7 00		
Ė	28. TOTAL ADJUSTMENTS. Add lines 23 through 27				8 00		
4	29. ADJUSTED GROSS INCOME. Subtract line 28 from line 22						
	If you have an NOL and are electing to forego the ca	arryback per	iod, check here	• 🔲 • 2	9 00		
. [Within 180 days of receiving this return, the Idaho State Tax C						
	─ Under penalties of perjury, I declare that to the best of my kno		ellet this return is t	rue, correct and complete. See ins	structions.		
	Your signature	Date		Idaho State Tax Commission, PO			
SIGN HERE	Spouse's signature (if a joint return, BOTH MUST SIGN)	Daytime phon		TACH A COMPLETE COPY OF YOU	JR FEDERAL RETURN.		
		, p					
Paid preparer's signature Preparer's EIN, SSN, or PTIN							
					 		
Addre	ess and phone number						

Page 2

	Form 43 - 2007	Column A - Total	Column B - Idaho
	30. Enter amount from federal Form 1040, line 37, 1040A, line 21, or 1040EZ,	30 0	0 00
တ	line 4 in Column A. Enter amount from line 29 in Column B	31 0	
∄ ⁴ 5	31. Additions from Form 39NR, Part A, line 4. Attach Form 39NR	32 0	
ADJUSTMENTS Sæ page 14	32. Income after additions. Add lines 30 and 31	33 0	
ND/L	33. Subtractions from Form 39NR, Part B, line 26. Attach Form 39NR		0 - 00
	35. a. Check if age 65 or older Yourself . Spouse c. If your parent or someone else can claim you as a dependent, che	b. Check if blind	
	36 Itamizad daductions Attach fodoral Schodula A Fodoral limits and		36 00
	action 37. All state and local income or general sales taxes included on federal		0.0
For	Most 38. Subtract line 37 from line 36		38 00
People 39. Standard deduction. See instructions, page 14, if you checked any boxes on line 35			
	gle or 40. Multiply \$3,400 by the number of exemptions claimed on line 6d. Fed		40
	rately: 41. Add line 40 and the LARGER of line 38 or line 39		41 00
	42. Idaho percentage. Divide line 34, Column B, by line 34, Column A		42 %
На	43. Multiply amount on line 41 by the percentage on line 42 and enter the		43 00
	ehold: 44. Idaho taxable income. Subtract line 43 from line 34, Column B		44 00
\$7	45. TAX from tables or rate schedule. See instructions, page 34		45 00
Marrie	ed filing 46. Income tax paid to other states. Attach Form 39NR and other state	return	46 00
	ttly or 47. Credit for contributions to Idaho educational entities		
	w(er): 48. Credit for contributions to Idaho youth and rehabilitation facilities		48 00
\$10	49. Credit for live organ donation expenses		49 00
	50. Total business income tax credits from Form 44, Part I, line 15. Attac	ch Form 44	50 00
	51. Line 45 minus lines 46 through 50. If less than zero, enter zero		51 00
	52. Fuels tax due. Attach Form 75		52 00
XES	53. Sales/Use tax due on mail order, Internet, and other nontaxed purchases		99
HER TAXI See page 17	54. Total tax from recapture of income tax credits from Form 44, Part II, line 11. A		54 00
OTHER TAXES See page 17	55. Tax from recapture of qualified investment exemption (QIE). Attach Form 49E		55 00
Ō	56. Permanent building fund. Check the box if you are receiving Idaho public ass		56 10 00
	57. TOTAL TAX. Add lines 51 through 56		57 00
	58. I wish to donate to the Nongame Wildlife Conservation Fund		58 00
DONATIONS See page 17	59. I wish to donate to the Children's Trust Fund/Child Abuse Prevention		
NATION See page 17	60. I wish to donate to the Idaho Guard and Reserve Family Support Fund		60 00
ă	61. I wish to donate to the American Red Cross of Greater Idaho fund	61 00	
	62. TOTAL TAX PLUS DONATIONS. Add lines 57 through 61		62 00
	63. Grocery credit. Nonresidents do not qualify. See instructions, page 17		00
TS 7	64. Maintaining a home for family member age 65 or older, or developmentally disab		64 00
PAYMENTS See page 17	65. Special fuels tax refund Gasoline tax refund		65 00
ĕ ĕ	66. Idaho income tax withheld. Attach Form(s) W-2		<u> </u>
	67. 2007 Form 51 payment(s) and amount applied from 2006 return		
	68. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 63 through 67	68 00	
	69. TAX DUE. Subtract line 68 from line 62		
9 E 8 E			00
TAX DUE See page 18	70. Penalty Interest from the due date	Enter total	70 00
F -	Check box if penalty is due to an ineligible withdrawal from an Idaho medical	savings account •	
	71. TOTAL DUE. Add lines 69 and 70		71 00
	72. OVERPAID. Line 68 minus lines 62 and 70		72 00
REFUND See page 19	73. REFUND. Amount of line 72 to be refunded to you	_	
Se Page	73. REPUND. AMOUNT OF THE 72 to be returned to you	•	00
<u>.</u> _	74. ESTIMATED TAX. Amount of line 72 to be applied to your 2008 estimated tax.		74 00
	75. DIRECT DEPOSIT. See instructions, page 19.		
■ Routing N			Type of • Checking
			Account: Savings
۵ -	76. Total tax due (line 71) or overpayment (line 72)	00	
AMENDED RETURN page 19	77. Refund from original return plus additional refunds 77	00	
AME REI pag	78. Tax paid with original return plus additional tax paid 78	00	
	79. Amended tax due or refund. Add lines 76 and 77		
	and subtract line 78	00 7 1	7 2 9 5

IDAHO SUPPLEMENTAL SCHEDULE

2007

For Form 43, Nonresident and Part-Year Resident Returns Only

Nan	ne(s) as shown on return	Social	Social Security Number		
	Column A -	- Total	Column B - I	daho	
A.	Additions. See instructions, page 24.			\Box	
	Non-Idaho state and local bond interest and dividends	00	-	00	
	Idaho college savings account withdrawal	00		00	
	Other additions. Attach explanation	00	-	00	
	4. Total additions. Add lines 1 through 3. Enter on line 31, Form 43	00	-	00	
В.	Subtractions. See instructions, page 25.				
	Idaho net operating loss carryover				
	Idaho net operating loss carryback Enter total here 1	00		00	
	State income tax refund included in line 30, Column A, Form 43	00			
	Interest from U.S. Government obligations	00	-	00	
	4. Child/dependent care. Attach federal Form 2441 or 1040A, Schedule 2	00	•	00	
	5. Social security and railroad benefits included in line 30, Column A, Form 43 5	00			
	6. Idaho capital gains deduction. Attach Form CG	00	-	00	
	7. Idaho resident - Active duty military pay earned outside of Idaho	00	-	00	
	Idaho medical savings account - contributions and interest				
	Financial institution Account number 8	00	-	00	
	9. Idaho college savings program	00	-	00	
	10. Adoption expenses	00	•	00	
	11. Maintaining a home for the aged and/or developmentally disabled	00		00	
	12. Idaho lottery winnings, less than \$600 per prize	00	•	00	
	13. Income earned on a reservation by an American Indian		-	00	
	14. Worker's compensation insurance	00	-	00	
	15. Partner's and shareholder's pass-through subtractions	00		00	
	16. Insulation of Idaho residence	00		00	
	17. Technological equipment donation	00		00	
	18. Health insurance premiums	00	-	00	
	19. Long-term care insurance	00	- ////////////////////////////////////	00	
	20. Alternative energy device deduction				
	Year Year				
	Acquired Type of Device Total Cost Percent				
	a. 2007	00		00	
	b. 2006 \$ X 20% = 20b	00		00	
	c. 2005	00		00	
	d. 2004 \$ X 20% = 20d	00		00	
	e. Add lines 20a through 20d	00	-	00	
	21. Add lines 1 through 19 and 20e	00		00	
	22. Retirement benefits deduction				
	a. If single enter \$25,392, if married filing jointly enter \$38,088	00			
	b. Federal Railroad Retirement received 22b	00	See instructi page 29, for		
	c. Social Security benefits received	00	qualified reti		
	d. Balance. Line 22a minus lines 22b and 22c. If less than zero, enter zero	00	benefits to be included on		
	e. Qualified retirement benefits included in federal gross income	00	22e and 22g		
	f. Column A benefits. Smaller of line 22d or line 22e	00			
	g. Qualified retirement benefits included in Idaho gross income			00	
		///////////////////////////////////////		%	
	i. Column B benefits deduction. Multiply line 22f by line 22h		· ////////////////////////////////////	00	
	23. Nonresident military pay included in line 30, Column A, Form 43	00			
	24. Bonus depreciation. Attach computations	00	•	00	
	25. Other subtractions. Attach explanation	00		00	
	26. Total subtractions. Column A, add lines 21, 22f, 23,24, and 25.				
	Column B, add lines 21, 22i, 24, and 25. Enter on line 33, Form 43	00		00	